U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 258/	2. Fiscal Year Covered From:		
<u> </u>	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Michelle R Bell	Name Illinois Federation of Teachers		
	Labor Organization File Number 509-974		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 390		
	1.C. box, building and techniques, in any 1330		
Street 4415 Sherrill Road	Street 500 Oakmont Lane		
City Minooka	City Westmont		
State Illinois ZIP Code + 4 60447	State Illinois ZIP Code + 4 60559		
5. Position in labor organization. Field Service Director			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name	The state of the s		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City	\$0		
State ZIP Code + 4			
Sigr	nature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the		
M. ADA DROD			
Signed // Collette N. Dell	On 6/29/2005 815-467-9707		
	Date Telephone Number		

Name of Ferson Fining Michelle Bell	The Number of	70/	
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Bell Rental			
Trade Name, if any:	X a. Labor Organization		
g photographic photographic control of the first transfer to the control of the c	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 4415 Sherrill Road	1		
City Minooka			
State Illinois ZIP Code + 4 60447			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Office Rental located at 240 Chartres Street in LaSalle, IL		
Trade Name, if any:		·	
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P.O. Box, Bldg., Room No., if any	Str. / America	ec propis con	
Street	11.b. Approximate dollar value of such dealing.	\$9,600	
City	12.a. Nature of interest held or income received.	A. F. A. I. AND	
State ZIP Code + 4	Spouse owns 50% of company.	от от от то от от от то от от от от от о	
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	Control of the Contro	· ·	
	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	12.b. Amount.	\$4,800	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment,	· · · · · · · · · · · · · · · · · · ·	
Name			
Trade Name, if any:	AVVV. SRAKALAL	dere es e es segmente.	
P.O. Box, Bldg., Room No., if any	A CALLAND AND		
Street	· ·		
City	· removed		
State ZIP Code + 4		**************************************	
12 h lo the Business on Frankrick	14.b. Amount of payment.	######################################	
13.b. Is the Business an Employer or Consultant ?		\$0	